

<i>SERFF Tracking Number:</i>	<i>TRGR-125736465</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Southern Insurance Company</i>	<i>State Tracking Number:</i>	<i>#? \$50</i>
<i>Company Tracking Number:</i>	<i>08-089</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0000 WC Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>Revised Loss Costs/08-089</i>		

Filing at a Glance

Company: Southern Insurance Company	SERFF Tr Num: TRGR-125736465	State: Arkansas
Product Name: Workers Compensation	SERFF Status: Closed	State Tr Num: #? \$50
TOI: 16.0 Workers Compensation	Co Tr Num: 08-089	State Status: Fees verified
Sub-TOI: 16.0000 WC Sub-TOI Combinations	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler
Filing Type: Rate	Author: Jerry Mobley	Disposition Date: 07/21/2008
	Date Submitted: 07/18/2008	Disposition Status: Approved
Effective Date Requested (New): 09/01/2008		Effective Date (New): 09/01/2008
Effective Date Requested (Renewal): 09/01/2008		Effective Date (Renewal):
State Filing Description:		

General Information

Project Name: Revised Loss Costs	Status of Filing in Domicile: Authorized
Project Number: 08-089	Domicile Status Comments: not applicable
Reference Organization: N.C.C.I.	Reference Number: AR-2008-02
Reference Title: Voluntary Advisory Loss Costs	Advisory Org. Circular: AR-2008-02
Filing Status Changed: 07/21/2008	
State Status Changed: 07/21/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Adopting revised NCCI loss costs with no change in our loss cost multipliers.	

Company and Contact

Filing Contact Information

Jerry Mobley, Senior Filings Specialist	Jerry.mobley@republicgroup.com
5525 LBJ Freeway	(972) 788-6619 [Phone]
Dallas, TX 75240	(972) 788-6609[FAX]

<i>SERFF Tracking Number:</i>	<i>TRGR-125736465</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Southern Insurance Company</i>	<i>State Tracking Number:</i>	<i>#? \$50</i>
<i>Company Tracking Number:</i>	<i>08-089</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0000 WC Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>Revised Loss Costs/08-089</i>		

Filing Company Information

Southern Insurance Company	CoCode: 19216	State of Domicile: Texas
5525 LBJ Freeway	Group Code: 3489	Company Type:
Dallas, TX 75240	Group Name: The Republic Group	State ID Number:
(972) 788-6001 ext. [Phone]	FEIN Number: 75-6021170	

SERFF Tracking Number:	TRGR-125736465	State:	Arkansas
Filing Company:	Southern Insurance Company	State Tracking Number:	#? \$50
Company Tracking Number:	08-089		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0000 WC Sub-TOI Combinations
Product Name:	Workers Compensation		
Project Name/Number:	Revised Loss Costs/08-089		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$0.00
Retaliatory?	No
Fee Explanation:	Filing Revised Loss Costs with no change in multipliers. \$50 per company
Per Company:	No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
0000302510	\$50.00	07/18/2008

SERFF Tracking Number:	TRGR-125736465	State:	Arkansas
Filing Company:	Southern Insurance Company	State Tracking Number:	#? \$50
Company Tracking Number:	08-089		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0000 WC Sub-TOI Combinations
Product Name:	Workers Compensation		
Project Name/Number:	Revised Loss Costs/08-089		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	07/21/2008	07/21/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Carol Stiffler	07/21/2008	07/21/2008	Jerry Mobley	07/21/2008	07/21/2008
Industry						
Response						

<i>SERFF Tracking Number:</i>	<i>TRGR-125736465</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Southern Insurance Company</i>	<i>State Tracking Number:</i>	<i>#? \$50</i>
<i>Company Tracking Number:</i>	<i>08-089</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0000 WC Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>Revised Loss Costs/08-089</i>		

Disposition

Disposition Date: 07/21/2008

Effective Date (New): 09/01/2008

Effective Date (Renewal):

Status: Approved

Comment: This filing is approved contingent on receiving the filing fee.

Rate data does NOT apply to filing.

SERFF Tracking Number:	TRGR-125736465	State:	Arkansas
Filing Company:	Southern Insurance Company	State Tracking Number:	#? \$50
Company Tracking Number:	08-089		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0000 WC Sub-TOI Combinations
Product Name:	Workers Compensation		
Project Name/Number:	Revised Loss Costs/08-089		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Rate	Miscellaneous Values Page	Approved	Yes

SERFF Tracking Number: TRGR-125736465 State: Arkansas
Filing Company: Southern Insurance Company State Tracking Number: #? \$50
Company Tracking Number: 08-089
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations
Product Name: Workers Compensation
Project Name/Number: Revised Loss Costs/08-089

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 07/21/2008

Submitted Date 07/21/2008

Respond By Date

Dear Jerry Mobley,

Please confirm what your filed loss cost multipliers are so I can double check my database. I show that it is tier-rated and the LCMs are 1.150/1.400/1.750. Is that correct?

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

Response Letter

Response Letter Status Submitted to State

Response Letter Date 07/21/2008

Submitted Date 07/21/2008

Dear Carol Stiffler,

Comments:

Response 1

Comments: Mrs. Stiffler, yes our LCMs are 1.150, 1.400 and 1.750 for the three tiers. If you need anything further, let me know. thanks, jerry

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

SERFF Tracking Number: TRGR-125736465

State: Arkansas

Filing Company: Southern Insurance Company

State Tracking Number: #? \$50

Company Tracking Number: 08-089

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0000 WC Sub-TOI Combinations

Product Name: Workers Compensation

Project Name/Number: Revised Loss Costs/08-089

**Sincerely,
Jerry Mobley**

SERFF Tracking Number: TRGR-125736465

State: Arkansas

Filing Company: Southern Insurance Company

State Tracking Number: #? \$50

Company Tracking Number: 08-089

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0000 WC Sub-TOI Combinations

Product Name: Workers Compensation

Project Name/Number: Revised Loss Costs/08-089

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	TRGR-125736465	State:	Arkansas
Filing Company:	Southern Insurance Company	State Tracking Number:	#? \$50
Company Tracking Number:	08-089		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0000 WC Sub-TOI Combinations
Product Name:	Workers Compensation		
Project Name/Number:	Revised Loss Costs/08-089		

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	Miscellaneous Values Page	WC SI MV1	Replacement	302191 ARWC0908-SIC tiers.pdf

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY
VOLUNTARY RATES**

ARKANSAS

MISCELLANEOUS VALUES

Loss Cost Multiplier	Rating Tier One.....	1.150
	Rating Tier Two.....	1.400
	Rating Tier Three.....	1.750

Expense Constant	applicable in accordance with Basic Manual Rule VI-B-1.....	\$150
-------------------------	---	--------------

Minimum Premium (See Basic Manual Rule VI-B-2). The following minimum premium rule is applicable to policies issued under Workers Compensation and Employers Liability coverage.

Minimum Premium.....145 x Rate + Expense Constant, but not more than \$750.

Premium Discount Percentage -- (See Basic Manual Rule VI-B-3). The following premium discounts are applicable to standard premium:

Premium Discount	
First \$ 5,000	-
Next 95,000	10.9%
Next 400,000	12.6
Over 500,000	14.4

Terrorism Risk Insurance Act -	Certified Losses (Advisory Loss Cost).....	0.02
---------------------------------------	--	-------------

Maximum Payroll	applicable in accordance with Basic Manual rule 2-E-1 - "Executive Officers ".....	\$ 2,500.00
------------------------	--	--------------------

Minimum Payroll	applicable in accordance with Basic Manual rule 2-E-1 - "Executive Officers ".....	\$300
------------------------	--	--------------

Specific Waiver of Subrogation Rates: Multiply the applicable waiver class premium by 5% subject to minimum premium of \$250.

Blanket Waiver of Subrogation Rates: Multiply the total premium for the applicable exposure by 2% subject to minimum premium of \$250.

SERFF Tracking Number: TRGR-125736465 State: Arkansas
Filing Company: Southern Insurance Company State Tracking Number: #? \$50
Company Tracking Number: 08-089
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations
Product Name: Workers Compensation
Project Name/Number: Revised Loss Costs/08-089

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 07/21/2008

Comments:

Attachment:

pc_trans WC lcs 0908 .pdf

Bypassed -Name: NAIC Loss Cost Filing Document
for Workers' Compensation **Review Status:** Approved 07/21/2008

Bypass Reason: No changes in loss cost multipliers. Filing to adopt NCCI revised loss costs only.

Comments:

Bypassed -Name: NAIC loss cost data entry document **Review Status:** Approved 07/21/2008

Bypass Reason: Filing to provide date to adopt NCCI loss costs.

Comments:

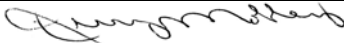
Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Republic Group of Companies				Group NAIC #	3489
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
Southern Insurance Company	Texas	19216	75-6021170			

5. Company Tracking Number	08-089
-----------------------------------	--------

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Jerry Mobley 5525 LBJ Freeway Dallas, TX 75240-6241	State Filings Analyst	972-788-6619	972-788-6909	Jerry.Mobley@republicGroup.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Jerry Mobley		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	16.0000 Workers Compensation			
10. Sub-Type of Insurance (Sub-TOI)	16.0000			
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]				
12. Company Program Title (Marketing title)	Workers Compensation			
13. Filing Type	<input checked="" type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:	Sep. 1, 2008	Renewal:	Sep. 1, 2008
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
16. Reference Organization (if applicable)	N.C.C.I			
17. Reference Organization # & Title	AR-2008-02			
18. Company's Date of Filing	July 16, 2008			
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	08-089
------------	--	---------------

21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
------------	--

We are filing to adopt the revised loss costs of the National Council of Compensation Insurance in reference item filing # AR-2008-02. Rather than the July 1, 2008 effective date in the filing, we are proposing an effective date on policies dated **September 1, 2008** and later. We are not making any changes in our filed loss costs multipliers.

We have limited writings at this time; however, the N.C.C.I. indicates this has an overall affect of -12.8% on rate level.

Attached are the required filing forms and manual page. The filing fee has been mailed. If you have any questions, please contact me. Thank you for your assistance.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
------------	---

Check #: 0000302510

Amount: \$50.00

Check Mailed July 18, 2008

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

PC TD-1 pg 2 of 2

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	08-089
-----------	--	---------------

2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	n/a
-----------	---	------------

☐ Rate Increase ☒ Rate Decrease ☐ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	File and Use
-----------	--	---------------------

4a.	Rate Change by Company (As Proposed)						
------------	---	--	--	--	--	--	--

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
So. Ins.Co	n/a	-12.8%	-\$8,326	6	\$65,044		

4b.	Rate Change by Company (As Accepted) For State Use Only						
------------	--	--	--	--	--	--	--

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)			
---	--	--	--

		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)	n/a	
5b	Overall percentage rate impact for this filing	-12.8%	
5c	Effect of Rate Filing – Written premium change for this program	-\$8,326	
5d	Effect of Rate Filing – Number of policyholders affected	6	

6.	Overall percentage of last rate revision	+2.7%
-----------	---	--------------

7.	Effective Date of last rate revision	3/1/08
-----------	---	---------------

8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
-----------	---	-----------------------

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	Miscellaneous Values Page S3-R	[] New [X] Replacement [] Withdrawn	
02		[] New [] Replacement [] Withdrawn	
03		[] New [] Replacement [] Withdrawn	